Senate

General Assembly

File No. 377

February Session, 2006

Substitute Senate Bill No. 396

Senate, April 5, 2006

The Committee on Public Health reported through SEN. MURPHY of the 16th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT IMPLEMENTING A COMPREHENSIVE PLAN TO ERADICATE CHILDHOOD LEAD POISONING IN THIS STATE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 19a-111a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) The **[**Commissioner**]** Department of Public Health shall be the lead state agency for lead poisoning prevention in this state. The Commissioner of Public Health shall (1) identify the state and local agencies in this state with responsibilities related to lead poisoning prevention, and (2) schedule a meeting of such state agencies and representative local agencies at least once annually in order to coordinate lead poisoning prevention efforts in this state.

(b) The commissioner shall establish a lead poisoning prevention program **[**. Such program shall**]** to provide screening, diagnosis, consultation, inspection and treatment services, including, but not limited to, the prevention and elimination of lead poisoning through research, abatement, education and epidemiological and clinical

activities. Such program shall include, but need not be limited to, the screening services provided pursuant to section 2 of this act.

[(b)**]** (c) Within available appropriations, the **[**Commissioner of Public Health**]** commissioner may contract with individuals, groups or agencies for the provision of necessary services and enter into assistance agreements with municipalities, cities, boroughs or district departments of health or special service districts for the development and implementation of comprehensive lead poisoning prevention programs consistent with the provisions of sections 19a-110 to 19a-111c, inclusive.

Sec. 2. (NEW) (*Effective October 1, 2006*) (a) Each primary care provider giving pediatric care to a child six years of age or under in this state shall take or cause to be taken a blood sample from each such child for the purpose of conducting blood lead screening in accordance with this section. Each primary care provider shall also arrange for lead risk assessments in accordance with subsection (b) of this section. The requirements of this section shall not apply to any child whose parent or guardian objects to a blood test as being in conflict with the parent or guardian's religious tenets and practices. For the purposes of this section, a "child six years of age or under" means a child (1) six years of age or under, or (2) whose chronological age is over six years but who is developmentally delayed or has a loss of cognitive skill for no identified reason.

(b) (1) Lead screening shall be conducted at least annually for each child between six and thirty six months of age. Additional screening shall be conducted as clinically indicated as determined by the primary care provider. For purposes of this section, clinically indicated screening shall include, but not be limited to, screening for a child who:

(A) Has never been screened for blood lead, in which case the child shall be immediately screened regardless of other risk factors; or

(B) Has a clinical record or exhibits symptoms indicative of elevated

blood lead levels, which symptoms may include, but need not be limited to, neurological symptoms, hyperactivity, behavioral disorders, abdominal pain or developmental delays.

(2) In addition to such screening, a risk assessment shall be conducted at least annually for each child between thirty-seven and seventy-two months of age. Such risk assessment shall comply with standards established by the Commissioner of Public Health, and shall include, but need not be limited to, questions to determine whether the child:

(A) Is exhibiting a habit of eating nonfood substances;

(B) Has a prior confirmed venous blood lead level equal to or greater than ten micrograms per deciliter; or

(C) Resides in a residence constructed before 1978 that has undergone major renovations that may increase the risk of lead exposure.

Sec. 3. Section 19a-110 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) **[**Each institution licensed under the provisions of sections 19a-490 to 19a-503, inclusive, and each private clinical laboratory licensed under section 19a-30 shall, within**]** Not later than forty-eight hours **[**of receipt of knowledge thereof,**]** after receiving or completing a report of a person found to have a level of lead in the blood equal to or greater than ten micrograms per deciliter of blood or any other abnormal body burden of lead, each institution licensed under sections 19a-490 to 19a-503, inclusive, as amended, and each clinical laboratory licensed under section 19a-30 shall report to (1) the Commissioner of Public Health, and to the director of health of the town, city or borough in which the person resides: **[**(1)**]** (A) The name, full residence address, date of birth, gender, race and ethnicity of each person found to have a level of lead in the blood equal to or greater than ten micrograms per deciliter of blood or any other abnormal body burden of lead; **[**(2)**]** (B) the name,

address and telephone number of the health care provider who ordered the test; **[**(3)**]** (C) the sample collection date, analysis date, type and blood lead analysis result; and **[**(4)**]** (D) such other information as the commissioner may require, and (2) the health care provider who ordered the test, the results of the test. With respect to a child six years of age or under, as defined in section 2 of this act, not later than seventy-two hours after the provider receives such results, the provider shall make reasonable efforts to notify the parent or guardian of the child of the blood lead analysis results. Any institution or laboratory making an accurate report in good faith shall not be liable for the act of disclosing said report to the commissioner or to the director of health. The commissioner, after consultation with the Chief Information Officer of the Department of Information Technology, shall determine the method and format of transmission of data contained in said report.

(b) Each institution or laboratory that conducts lead testing pursuant to subsection (a) of this section shall, at least monthly, submit to the Commissioner of Public Health a comprehensive report that includes: (1) The name, full residence address, date of birth, gender, race and ethnicity of each person tested pursuant to subsection (a) of this section regardless of the level of lead in the blood; (2) the name, address and telephone number of the health care provider who ordered the test; (3) the sample collection date, analysis date, type and blood lead analysis result; (4) laboratory identifiers; and (5) such other information as the commissioner may require. Any institution or laboratory making an accurate report in good faith shall not be liable for the act of disclosing said report to the commissioner. The commissioner, after consultation with the Chief Information Officer, shall determine the method and format of transmission of data contained in said report.

(c) Whenever an institutional laboratory or private clinical laboratory conducting blood lead tests pursuant to this section refers a blood lead sample to another laboratory for analysis, the laboratories may agree on which laboratory will report in compliance with

subsections (a) and (b) of this section, but both laboratories shall be accountable to insure that reports are made. The referring laboratory shall insure that the requisition slip includes all of the information that is required in subsections (a) and (b) of this section and that this information is transmitted with the blood specimen to the laboratory performing the analysis.

(d) The director of health of the town, city or borough shall provide or cause to be provided, to the parent or guardian of a child reported, pursuant to subsection (a) of this section, with information describing the dangers of lead poisoning, precautions to reduce the risk of lead poisoning, information about potential eligibility for services for children from birth to three years of age pursuant to sections 17a-248 to 17a-248g, inclusive, and laws and regulations concerning lead abatement. Said information shall be developed by the Department of Public Health and provided to each local and district director of health. Such director shall conduct an on-site investigation of the source of the lead causing a confirmed venous blood lead level equal to or greater than ten micrograms per deciliter and take further action pursuant to section 19a-111, as amended by this act, if the on-site investigation does not identify the source of the lead exposure.

Sec. 4. Section 19a-111 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

Upon receipt of each report of confirmed venous blood lead level equal to or greater than twenty micrograms per deciliter of blood, or after an on-site investigation conducted pursuant to section 19a-110, as amended by this act, fails to identify the source of lead exposure, the local director of health shall make or cause to be made an epidemiological investigation of the source of the lead causing the increased lead level or abnormal body burden and shall order action to be taken by the appropriate person or persons responsible for the condition or conditions which brought about such lead poisoning as may be necessary to prevent further exposure of persons to such poisoning. In the case of any residential unit where such action will not

result in removal of the hazard within a reasonable time, the local director of health shall utilize such community resources as are available to effect relocation of any family occupying such unit. The local director of health may permit occupancy in said residential unit during abatement if, in his judgment, occupancy would not threaten the health and well-being of the occupants. The local director of health shall, within thirty days of the conclusion of his investigation, report to the Commissioner of Public Health the result of such investigation and the action taken to insure against further lead poisoning from the same source, including any measures taken to effect relocation of families. Such report shall include information relevant to the identification and location of the source of lead poisoning and such other information as the commissioner may require pursuant to regulations adopted in accordance with **[**the provisions of**]** chapter 54. The commissioner shall maintain comprehensive records of all reports submitted pursuant to this section and section 19a-110. Such records shall be geographically indexed in order to determine the location of areas of relatively high incidence of lead poisoning. The commissioner shall prepare a quarterly summary of such records which he shall keep on file and release upon request. The commissioner shall establish, in conjunction with recognized professional medical groups, guidelines consistent with the National Centers for Disease Control for assessment of the risk of lead poisoning, screening for lead poisoning and treatment and follow-up care of individuals including children with lead poisoning, women who are pregnant and women who are planning pregnancy. Nothing in this section shall be construed to prohibit a local building official from requiring abatement of sources of lead.

Sec. 5. Subsection (b) of section 10-206 of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(b) Each local or regional board of education shall require each child to have a health assessment prior to public school enrollment. The assessment shall include: (1) A physical examination which shall include hematocrit or hemoglobin tests, height, weight, blood

pressure, and, beginning with the 2003-2004 school year, a chronic disease assessment which shall include, but not be limited to, asthma as defined by the Commissioner of Public Health pursuant to subsection (c) of section 19a-62a, and, beginning with the 2007-2008 school year, blood lead screening pursuant to section 2 of this act. The assessment form shall include (A) a check box for the provider conducting the assessment, as provided in subsection (a) of this section, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider; (2) an updating of immunizations as required under section 10-204a, provided a registered nurse may only update said immunizations pursuant to a written order by a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378; (3) vision, hearing, speech and gross dental screenings; and (4) such other information, including health and developmental history, as the physician feels is necessary and appropriate. The assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley's anemia and tests for lead levels in the blood where the local or regional board of education determines after consultation with the school medical advisor and the local health department, or in the case of a regional board of education, each local health department, that such tests are necessary, provided a registered nurse may only perform said tests pursuant to the written order of a physician or physician assistant, licensed pursuant to chapter 370, or an advanced practice registered nurse, licensed pursuant to chapter 378.

Sec. 6. (NEW) (*Effective October 1, 2006*) Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, amended, renewed or continued in this state on or after October 1, 2006, shall provide coverage for blood lead screening and risk assessments ordered by a primary care provider pursuant to section 2 of this act.

Sec. 7. Subsection (b) of section 38a-535 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(b) **[**Every**]** Each group health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (6), (11) and (12) of section 38a-469 delivered, issued for delivery or renewed on or after October 1, 1989, or continued as defined in section 38a-531, on or after October 1, 1990, shall provide benefits for preventive pediatric care for any child covered by the policy or contract at approximately the following age intervals: Every two months from birth to six months of age, every three months from nine to eighteen months of age and annually from two through six years of age. Any such policy may provide that services rendered during a periodic review shall be covered to the extent that such services are provided by or under the supervision of a single physician during the course of one visit. Each such policy shall also provide coverage for blood lead screening and risk assessments ordered by a primary care provider pursuant to section 2 of this act. Such benefits shall be subject to any policy provisions which apply to other services covered by such policy.

Sec. 8. (NEW) (*Effective July 1, 2006*) (a) There is established a lead safe account, which shall be a separate, nonlapsing account within the General Fund. The account may contain any moneys required by law to be deposited in the account. The account shall be used by the Department of Economic and Community Development for the purpose of providing financial assistance for the remediation or removal of lead from residential real property.

(b) The Department of Economic and Community Development shall establish programs to provide financial assistance to owners of residential real property, including, but not limited to, owners of residential rental property. The Commissioner of Economic and Community Development may enter into an agreement with a nonprofit organization or the Department of Social Services to implement such programs.

Sec. 9. (NEW) (*Effective from passage*) (a) Not later than January 1, 2007, the Department of Education, after consultation with the Department of Public Health, shall develop guidelines for:

(1) The management of students in public schools with a blood lead level equal to or greater than ten micrograms per deciliter, which guidelines shall include, but need not be limited to: (A) A process for developing individualized action plans for each such student, (B) education and training for school personnel, including pupil personnel service providers, on the management of such students, including, but not limited to, the establishment of an in-service training program for school personnel and health care providers who provide services to students identified pursuant to subparagraph (C) of this subdivision, provided such education and training shall (i) be included in any continuing education requirement for such personnel and providers, and (ii) comply with federal requirements with respect to such students, and (C) a plan for identifying and evaluating such students who may qualify for special education and related services under the federal Individuals with Disabilities Education Act, 20 USC 1400 et seq., as amended from time to time, or services under Section 504 of the federal Rehabilitation Act of 1973, 29 USC 794 et seq., as amended from time to time; and

(2) Lead-safe practices in the management of school programs and facilities to prevent exposure to lead contaminants, including day-to-day management of potential sources of exposure such as art supplies and school renovations and repairs.

(b) Not later than July 1, 2007, each local and regional board of education, after consultation with the local or district health department, shall implement a plan based on the guidelines developed pursuant to subsection (a) of this section.

Sec. 10. (NEW) (*Effective October 1, 2006*) Not later than January 1, 2007, the Commissioner of Public Health shall review the data collected by the Department of Public Health regarding lead poisoning to determine if it is recorded in a format that is compatible with the

information reported by institutions and laboratories pursuant to section 19a-110 of the general statutes, as amended by this act. If the commissioner finds that such data should be reported in a different manner, the commissioner shall adopt regulations, in accordance with chapter 54 of the general statutes, to establish the manner for reporting such data.

Sec. 11. Section 19a-111c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) The owner of any dwelling in which the paint, plaster or other **[**materials**]** material is found to contain toxic levels of lead and in which children **[**under the age of six**]** six years of age or under, as defined in section 2 of this act reside, shall abate, remediate or manage such dangerous materials consistent with regulations adopted pursuant to this section. The Commissioner of Public Health shall adopt regulations, in accordance with **[**the provisions of**]** chapter 54, establishing **[**removal and**]** requirements and procedures for testing, remediation, abatement **[**requirements and procedures for**]** and management of materials containing toxic levels of lead.

(b) The Commissioner of Public Health may adopt regulations, in accordance with chapter 54, to regulate paint removal from the exterior of any building or structure. For the purposes of such regulations, structure means any large edifice and includes, but is not limited to, a bridge, dam, framework or tank. Such regulations shall: (1) Require that notice be given to the local director of health, five business days prior to the commencement of any abrasive blasting, power sanding, hydro-blasting, similar abrasive paint removal operation, open flame burning, or power washing that will disturb more than two square feet of paint and that may result in the release of visible dust, debris, mist or contaminated liquids from the exterior of a residential or public building that was constructed prior to December 31, 1978, or from the exterior of a commercial building or structure regardless of the date of construction, (2) authorize the local health department to establish and collect notification fees to offset costs related to program

administration, oversight and management, and (3) establish: (A) Definitions, (B) applicability and exemption criteria, (C) procedures for submission of notifications, (D) appropriate work practices, and (E) penalties for noncompliance.

(c) The commissioner shall authorize the use of any liquid, cementitious or flexible lead encapsulant product which complies with an appropriate standard for such products developed by the American Society for Testing and Materials or similar testing organization acceptable to the commissioner for the abatement **[**of toxic levels of lead, unless the commissioner disapproves the use of any such product**]** and remediation of lead hazards. The commissioner shall maintain a list of all such approved lead encapsulant products that may be used in this state for the abatement **[**of toxic levels of lead**]** and remediation of lead hazards.

Sec. 12. Subsection (e) of section 19a-206 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(e) When such nuisance is abated or remediated or the source of filth is removed from private property, or when the failure of an owner to abate or remediate a nuisance has resulted in the relocation of a tenant or tenants by order of the director of health, such abatement, **[**or**]** remediation, removal or relocation shall be at the expense of the owner or, where applicable, occupant of such property, or both, and damages and costs for such abatement **[**or**]** , remediation, removal or relocation may be recovered against them by the town, city or borough in a civil action as provided in subsection (b) or in a separate civil action brought by the director of health or any official of such city, town or borough authorized to institute civil actions. When the owner is responsible for such expense, the entire amount expended by the city, town, borough or district department of health as set forth in this section, including attorney's fees and associated costs, shall be secured by a lien on the property for the benefit of the city, town, borough or district department of health. Any lien for such funds that have been

expended by the city, town, borough or district department of health shall have the same priority as a lien for municipal taxes.

Sec. 13. Section 47a-52 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) As used in this section, "rented dwelling" means any structure or portion thereof which is rented, leased, or hired out to be occupied as the home or residence of one or two families and any mobile manufactured home in a mobile manufactured home park which, although owned by its resident, sits upon a space or lot which is rented, leased or hired out, but shall not include a tenement house as defined in section 19a-355 or in section 47a-1.

(b) "Department of health" means the health authority of each city, borough or town, by whatever name such health authority may be known.

(c) When any defect in the plumbing, sewerage, water supply, drainage, lighting, ventilation, or sanitary condition of a rented dwelling, or of the premises on which it is situated, in the opinion of the department of health of the municipality **[**wherein**]** where such dwelling is located, constitutes a danger to life or health, the department may order the responsible party to correct the same in such manner as it specifies. If the order is not complied with within the time limit set by the department, the person in charge of the department may institute a civil action for injunctive relief, in accordance with chapter 916, to require the abatement of such danger.

(d) Paint on the exposed surfaces of any such rented dwelling or dwelling unit shall not be cracked, chipped, blistered, flaking, loose, or peeling. Paint on the exposed surfaces of a rented dwelling that was constructed prior to 1978 shall be presumed to be lead-based paint. The owner may rebut the presumption of lead-based paint by producing paint analyses results that have been generated at the owner's expense by a licensed lead consultant contractor utilizing testing procedures consistent with sections 19a-111-1 to 19a-111-11,

inclusive, of the regulations of Connecticut state agencies. The director of health of the municipality or health district where such dwelling is located may order the responsible party to remediate hazardous paint conditions and shall require the use of lead-safe work practices consistent with methods described in lead-safe work practices training courses that have been approved by the United States Department of Housing and Urban Development pursuant to 24 CFR 35.1330(a)(4). Lead hazard remediation shall be conducted by individuals who have successfully completed such approved lead-safe work practices training courses or are certified lead abatement supervisors or certified lead abatement workers or are working under the constant on-site supervision of a certified lead abatement supervisor.

[(d)**]** (e) When the department of health certifies that any such rented dwelling or premises are unfit for human habitation, by reason of defects which may cause sickness or endanger the health of the occupants, the department may issue an order requiring the rented dwelling, premises or any portion thereof to be vacated within not less than twenty-four hours or more than ten days.

[(e)**]** (f) Any person who violates or assists in violating, or fails to comply with, any provision of this section or any legal order of a department of health made under any such provision shall be fined not more than two hundred dollars or imprisoned not more than sixty days or both.

[(f)**]** (g) Any person aggrieved by an order issued under this section may appeal, pursuant to section 19a-229, to the Commissioner of Public Health.

Sec. 14. Section 47a-54f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(a) In each tenement, lodging or boarding house the walls of any court, shaft, hall or room shall be whitewashed or painted a light color whenever, in the opinion of the board of health or enforcing agency, such whitewashing or painting is needed for the better lighting of any

room, hall or water closet compartment.

(b) Paint on the **[**accessible**]** exposed surfaces of a tenement house shall not be cracked, chipped, blistered, flaking, loose, or peeling. **[**so as to constitute a health hazard.**]** Paint on the exposed surfaces of a tenement house that was constructed prior to 1978 shall be presumed to be lead-based paint. The owner may rebut the presumption of lead-based paint by producing paint analyses results that have been generated at the owner's expense by a licensed lead consultant contractor utilizing testing procedures consistent with sections 19a-111-1 to 19a-111-11, inclusive, of the regulations of Connecticut state agencies. The director of health of the municipality or health district where such tenement house is located may order the responsible party to remediate hazardous paint conditions and shall require the use of lead-safe work practices consistent with methods described in lead-safe work practices training courses that have been approved by the United States Department of Housing and Urban Development pursuant to 24 CFR 35.1330(a)(4). Lead hazard remediation shall be conducted by individuals who have successfully completed such approved lead-safe work practices training courses or are certified lead abatement supervisors or certified lead abatement workers or are working under the constant on-site supervision of a certified lead abatement supervisor.

Sec. 15. (*Effective July 1, 2006*) The sum of two million dollars is appropriated to the Department of Economic and Community Development, from the General Fund, for the fiscal year ending June 30, 2007, for the purpose of providing financial assistance for the remediation or removal of lead from residential real property.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2006*	19a-111a
Sec. 2	*October 1, 2006*	New section
Sec. 3	*October 1, 2006*	19a-110
Sec. 4	*October 1, 2006*	19a-111

Sec. 5	*October 1, 2006*	10-206(b)
Sec. 6	*October 1, 2006*	New section
Sec. 7	*October 1, 2006*	38a-535(b)
Sec. 8	*July 1, 2006*	New section
Sec. 9	*from passage*	New section
Sec. 10	*October 1, 2006*	New section
Sec. 11	*October 1, 2006*	19a-111c
Sec. 12	*October 1, 2006*	19a-206(e)
Sec. 13	*October 1, 2006*	47a-52
Sec. 14	*October 1, 2006*	47a-54f
Sec. 15	*July 1, 2006*	New section

KID *Joint Favorable Subst. C/R* PH

PH *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 07 $	FY 08 $
Public Health, Dept.	GF - Cost	See Below	See Below
Department of Economic & Community Development	GF - Cost	2,000,000	None
Education, Dept.	GF - Cost	100,000	Minimal
Department of Mental Retardation	GF - Cost	Potential	Potential
Comptroller Misc. Accounts (Fringe Benefits)	GF - Cost	See Below	See Below
Judicial Dept.	GF - Revenue Gain	Minimal	Minimal
Judicial Dept. (Probation); Dept. of Correction	GF - Cost	Potential	Potential
Social Services, Dept.	GF - Cost	See Below	See Below

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 07 $	FY 08 $
Local Health Authorities	STATE MANDATE - Cost	See Below	See Below
Local Health Authorities	Revenue Gain	Potential	Potential
Local Education Authorities	STATE MANDATE - Cost	None	Significant
Various Municipalities	Cost	Indeterminate	Indeterminate

Explanation

This bill establishes a comprehensive childhood lead prevention initiative. Fiscal impacts are discussed below.

Department of Public Health (DPH)

Funding, in the amount of $1,310,436 in FY 07, has been included within sHB 5007 (the Revised FY 07 Appropriations Act, as favorably

reported by the Appropriations Committee) to support DPH's costs of instituting comprehensive screening of children for lead poisoning and meeting various associated duties in the bill.

Of this amount, $710,436 is provided via an FY 07 appropriation and $600,000 is provided from anticipated FY 06 surplus funds carried forward to support the purchase of laboratory equipment. Fringe benefits accounts have also been adjusted within sHB 5007 to reflect costs associated with the new positions.

This funding will support the salaries of 9 positions within the State Laboratory and 6 positions within the department's Lead Poisoning Prevention and Control Program, as well as the costs of laboratory supplies, associated other expenses and one-time equipment costs.

It should be noted that while the bill establishes the mandatory testing program as of 10/1/06, funding in the budget is based upon a 1/1/07 implementation date in recognition of the length of time needed by the DPH to acquire and put into operation needed laboratory equipment, as well as train staff.

The FY 08 cost associated with the department's implementation of the bill will be $1,040,136, reflecting full year salaries and annualized laboratory costs.

Local Health Authorities

Local health authorities will experience costs to the extent that they conduct additional on-site investigations of sources of lead and epidemiological investigations. This results from lowering from 20 to 10 micrograms the per deciliter blood lead level that prompts investigation and the expansion of the number of children identified having blood lead levels of 20 micrograms per deciliter or greater.

On an annual basis it is estimated that 1,684 more investigations will be conducted. Estimated aggregate costs of approximately $370,000 will be incurred by local health authorities, based on an average cost of $500 per case for 109 children identified with levels exceeding 20

(necessitating epidemiological investigations) and $200 per case for 1,575 children with levels between 10 and 20 micrograms per deciliter requiring on-site inspections.

The sum of $185,000 has been included under the DPH's budget within sHB 5007 to allow the department to award grants to local health departments and districts to defray these costs on a half-year basis (assuming an effective date of 1/1/07).

As neither this bill nor sHB 5007 specifies the method by which these funds will be distributed it is anticipated that the commissioner of public health will target these dollars towards communities having the greatest incidence of childhood lead poisoning.

A local revenue gain will result to the extent that communities collect notification fees established pursuant to Section 11, and/or recover costs via liens on properties when an owner fails to abate or remediate a nuisance pursuant to Section 12.

Department of Economic and Community Development (DECD)

It is anticipated that the Department of Economic and Community Development can administer the programs created by Section 8 of the bill within existing budgetary resources and the funding ($2 million) provided in Section 15 for the financial assistance. sHB 5007 does not provide funds for this program.

Department of Social Services (DSS)

This bill requires group health insurance policies as well as the HUSKY A and B programs to provide coverage for blood lead screening for children annually between 6 months and 36 months of age.

Under current practice, the Commissioner of Public Health waives laboratory testing charges for blood lead level tests provided to children who are enrolled in the Medicaid and HUSKY programs. If the Commissioner were to initiate billing for these services, it would

result in an added cost to these Department of Social Services' programs of $480,000 annually. This estimate assumes that these programs would pay for 30,000 screens annually, at a cost of $16 per screen. If billing were to occur, these costs would be partially reimbursed by the federal government at a rate of 50% for the HUSKY A program and 65% for the HUSKY B program, for a total of $245,500 in federal matching funds.

Department of Mental Retardation

Section 3 of the bill requires local health directors to provide information to parents of children with elevated blood lead levels concerning the child's potential eligibility for the Birth to Three program. To the extent that this results in increased enrollment in the program, an additional cost may result for the Department of Mental Retardation (as this is an entitlement program). The provisions may result in identifying eligible children earlier than may have otherwise occurred. The average annual net cost per child is $7,200.

State Department of Education/Local Education Authorities

Section 5 of the bill results in no fiscal impact to the State Department of Education or local and regional school districts as the implementation date for new health assessment forms is for the 2007-08 school year and new forms would have to be printed regardless of the changes made in section 5.

Section 9 results in a cost to the State Department of Education which could be as much as $100,000. Such costs are associated with the gathering of information and printing of reports concerning the management of students with the blood lead level concerns.

There is a potential significant cost to local and regional school districts to implement plans based on the guidelines developed for students with blood lead level concerns as such students would then require individualized action plans. Additional costs would be incurred by districts for in-service training and materials.

State and Local Heath Insurance Plans

The bill mandates that health insurance policies cover lead screening and risk assessments ordered by a child's primary care providers. This provision is anticipated to increase costs for the state and certain municipal health insurance plans that cannot be determined at this time. Such cost would be mitigated by the savings associated with future health problems prevented by the early detection of elevated lead levels.

Criminal Penalties

It is anticipated that few additional offenses would be prosecuted each year pursuant to Section 13 of the bill and, consequently, any revenue gain from criminal fines would be minimal. To the extent that offenders are prosecuted criminally and subsequently convicted or plead guilty, the state could incur a cost associated with incarceration and/or probation supervision in the community. On average, it costs the state $2,150 to supervise an offender on probation in the community as compared to $35,040 to incarcerate the offender (note that both figures include fringe benefits).

Summary

Should provisions in this bill mitigate the incidence of lead poisoning in children or reduce the severity of such poisoning, future indeterminate savings in the areas of educational and health services may result.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation and collective bargaining agreements.

OLR Bill Analysis

sSB 396

AN ACT IMPLEMENTING A COMPREHENSIVE PLAN TO ERADICATE CHILDHOOD LEAD POISONING IN THIS STATE.

SUMMARY:

This bill mandates additional components in the Department of Public Health's (DPH) lead poisoning prevention program. It creates a timetable and reporting requirements for testing babies and toddlers and continuing risk assessments for pre-schoolers and kindergartners. It requires guidelines be implemented for school management of students with elevated lead levels and potential sources of lead exposure on school grounds.

The bill requires local health officials to conduct more in-depth investigations to locate the source of lead causing a child's lead poisoning. It also modifies lead abatement and removal requirements and standards.

Finally, it establishes a lead safe account and appropriates $2 million for financial assistance programs to assist residential property owners remediate or remove lead from their property.

EFFECTIVE DATE: October 1, 2006, except the (1) school guideline provision, which is effective upon passage, and (2) appropriation, which is effective July 1, 2006.

§§ 2 & 5-7 — SCREENING AND RISK ASSESSMENTS

Blood Testing

The bill requires primary care providers to take blood samples that measure lead levels in all their patients (1) age 6 and under and (2) older children with developmental delays or who have lost cognitive skills for no identified reason. Children whose parents object to blood tests on religious grounds are exempt.

The bill requires testing at least annually for children between six and 36 months of age. Primary care providers must also order testing for other youngsters when they determine it is clinically indicated. Among others, they must test children who:

1. have never been tested or
2. have a clinical record or exhibit symptoms consistent with elevated lead levels, such as neurological symptoms, hyperactivity, behavioral disorders, abdominal pain, or developmental delays.

The bill requires schools, beginning with the 2007-08 school year, to include lead screening results in the health assessments mandated for children enrolling in public schools.

Risk Assessments

Primary care providers must also arrange for annual lead risk assessments for patients ages three to six. The DPH commissioner must set standards including questions to determine whether the child:

1. has a habit of eating nonfood substances,
2. has had a prior confirmed venous blood level of at least 10 micrograms/deciliter of blood, or
3. lives in a building built before 1978 that has undergone major renovations that may increase the risk of lead exposure.

§§ 6 & 7 — Insurance Coverage

The bill requires individual and group health insurance policies to cover lead screening and risk assessments ordered by a child's primary care provider. This requirement applies to Connecticut policies delivered, issued for delivery, amended, renewed, or continued on or after October 1, 2006.

§ 9 — SCHOOL GUIDELINES

By January 1, 2007, the bill requires the Department of Education to consult with DPH and develop lead guidelines for public schools. Local and regional school bards must implement them by July 1, 2007, after consulting with their local or district health departments.

The guidelines must include practices to prevent lead exposure, including daily management of potential sources of lead exposure, such as art supplies and school renovations and repairs. They must also address managing school students with lead levels of 10 or more micrograms, including:

1. a process for developing individualized student action plans;

2. education and training on managing these students for school and pupil personnel service providers, including in-service programs for special education and healthcare personnel; and

3. a plan for identifying and evaluating students with high blood-lead levels to determine their eligibility for special education or other services.

§§ 3 & 5 — REPORTING ELEVATED BLOOD LEVELS

Health Care Providers

By law, health care institutions and clinical laboratories must notify the DPH commissioner and appropriate local health official within 48 hours of receiving or completing a report on a person with a lead level of 10 or more micrograms per deciliter of blood or other abnormal bodily lead level. The bill requires them also to report the results within 48 hours to the health care provider who ordered the test.

Parents or Guardians

The bill requires the health care provider to make reasonable efforts to notify parents or guardians of the test result for a child under age six who is subject to the bill's mandatory lead screening provision. The provider must do this not later than 72 hours after learning the test results.

It also requires the local health director to give parents information about their potential eligibility for the state's Birth to Three program, which provides services to families with children with disabilities age three and under. They must already give them information about lead poisoning dangers and lead abatement laws and regulations.

§§ 3 & 4 — HEALTH DEPARTMENT INVESTIGATIONS

The bill requires the local or district health director to conduct an on-site investigation of the source of lead causing every confirmed blood lead level of 10 or more micrograms per deciliter. If he still cannot identify the source, he must conduct, or arrange for someone else to conduct, an epidemiological investigation. This involves an inspection conducted by a lead inspector to detect lead-based paint and an evaluation of other sources such as dust, soil, pottery, gasoline, toys, or occupational exposures. It may also include isotopic analysis of lead-containing items.

Currently, the epidemiological investigation is required for lead levels of 20 micrograms per deciliter or above.

Orders after Epidemiological Investigation

After the epidemiological investigation identifies the lead source, existing law requires the local health director to take action necessary to prevent further lead poisoning. Among other things, he can order abatement and must try to find temporary housing for residents when the lead hazard cannot be removed from their dwelling within a reasonable time.

§§ 11, 13, & 14 — REMEDIATION, ABATEMENT, TESTING, AND MANAGEMENT

Dwellings Occupied by Children

Under current law, owners of dwellings with toxic lead levels occupied by children under age six are required by law to follow DPH regulations for abating and managing the toxic materials. The bill extends this requirement to dwellings occupied by six-year olds and older children covered by its mandatory screening provisions (i.e.,

those with unexplained developmental delays or losses in cognitive functioning) and includes provisions requiring remediation. It also requires DPH to adopt regulations establishing requirements and procedures for lead testing, remediation, and management. Current regulations address only removal, which the bill eliminates, and abatement.

Rental Units, Mobile Homes, and Boarding Houses

The bill permits the local or district health director to order the responsible party to remediate cracked, chipped, blistered, flaking, peeling, or loose lead-based paint on exposed surfaces. It creates a presumption that lead-based paint is present on surfaces of rental units, mobile homes, and boarding houses built before 1978. Owners may rebut this by obtaining a paint analysis and report from a licensed lead consultant contractor, and by law they can appeal remediation orders to DPH.

If the health director orders remediation, it must be performed in a manner consistent with federal Housing and Urban Development lead safe work practices (24 CFR § 35.1330(a)(4)). People performing the work must be:

1. certified lead abatement supervisors or workers,

2. workers under constant on-site supervision by a certified lead abatement supervisor; or

3. graduates of an approved lead safe practice training course.

Violators are subject to a $2,000 fine, 60 days in prison, or both.

The bill requires the DPH commissioner to maintain a list of lead encapsulant products that may be used to remediate lead hazards. He must already do this for approved abatement encapsulants.

Authorization for Additional Regulations

The bill authorizes DPH to adopt regulations for lead paint removal from building and structure exteriors. It defines structures as any large

edifice, including bridges, dams, frameworks, and tanks.

If DPH adopts regulations, they must require five business days advance notice to the local health director before beginning projects that will disturb more than two square feet of paint and may result in the release of visible dust, debris, mist, or contaminated liquids. The notice provisions cover abrasive paint removal operations, open flame burning, and power washing. They apply to residences and public buildings built before December 31, 1978 and all commercial buildings and structures.

The bill also requires the regulations to establish:

1. definitions,
2. applicability and exemption criteria,
3. notification procedures,
4. appropriate work practices, and
5. noncompliance penalties.

They must also authorize local health departments to establish and collect notification fees to offset program administration, oversight, and management costs.

§ 12 — NUISANCE ABATEMENT

By law, towns may declare property whose owner fails to abate unsafe or unhealthy conditions a nuisance and take steps to remediate or abate these conditions. They may then sue the owner to recover damages and abatement, remediation, and removal expenses. The bill also requires owners to pay the relocation costs of tenants ordered to vacate the premises due to an owner's inaction.

The bill specifies that when the owner is responsible for these expenditures, the entire amount spent by the town or district health department, including attorney's fees and associated costs, must be

secured by a lien placed on the property for the benefit of the town or district health department, as the case might be. The lien has the same priority as municipal tax liens.

§§ 8 & 15 — FINANCIAL ASSISTANCE

The bill establishes a lead safe account in the General Fund and appropriates $2 million to it. The Department of Community and Economic Development must use it to establish financial assistance programs for residential property owners, including landlords, undertaking lead abatement activities. It may implement the programs under agreement with a nonprofit organization or the Department of Social Services.

§ 1 — COORDINATING LEAD POISONING PREVENTION EFFORTS

The bill makes DPH the lead agency for lead poisoning prevention in the state. The commissioner must identify the state and local agencies with responsibilities related to lead poisoning and schedule a meeting with them at least once a year to coordinate their efforts statewide.

§ 10 — DATA COLLECTION

The bill requires the public health commissioner, by January 1, 2007, to review the lead poisoning data DPH collects and determine if its format is compatible with reports from institutional and private clinical labs performing lead testing. He may adopt regulations if he finds that the department should report its data differently.

COMMITTEE ACTION

Select Committee on Children

Joint Favorable Substitute Change of Reference
Yea 8 Nay 4 (03/09/2006)

Public Health Committee

Joint Favorable
Yea 19 Nay 7 (03/20/2006)